

# Exhibit 19

**UNIFORM BORROWER ASSISTANCE FORM**

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) bankruptcy; and (4) your credit counseling agency.

On Page 2, you must disclose information about all of your income, expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request for assistance. Then on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

**NOTICE:** In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.

**REMINDER:** The Borrower Response Package you need to return consists of: (1) this completed, signed and dated Borrower Assistance Form; (2) completed and signed IRS Form 4506T-EZ (4506T for self-employed borrowers or borrowers with rental income); (3) required income documentation; and (4) required hardship documentation.

Loan Number                      (usually found on your monthly mortgage statement)

Servicer's Name Shellpoint Mortgage Servicing

I want to: ☒ Keep the Property ☐ Vacate the Property ☐ Sell the Property ☐ Undecided

The property is currently: ☒ My Primary Residence ☐ A Second Home ☐ An Investment Property

The property is currently: ☒ Owner Occupied ☐ Renter Occupied ☐ Vacant

**BORROWER****CO-BORROWER**

BORROWER'S NAME

Karen D. Smith

CO-BORROWER'S NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DATE OF BIRTH

HOME PHONE NUMBER WITH AREA CODE

206 329 9303

HOME PHONE NUMBER WITH AREA CODE

CELL OR WORK NUMBER WITH AREA CODE

CELL OR WORK NUMBER WITH AREA CODE

MAILING ADDRESS

P.O. Box 22417 Seattle, WA 98122

PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)

819 21st Ave Seattle, WA 98122

EMAIL ADDRESS

kdelores@msn.com

Is the property listed for sale? ☐ Yes ☒ No

If yes, what was the listing date?                     

If property has been listed for sale, have you received an offer on the property? ☐ Yes ☐ No

Date of offer:                      Amount of Offer: \$                     

Agent's Name:                     

Agent's Phone Number:                     

For Sale by Owner? ☐ Yes ☐ No

Have you contacted a credit counseling agency for help?

☒ Yes ☐ No

If yes, please complete the counselor contact information below:

Counselor's Name: Erin Rearden

Agency's Name: Solid Ground

Counselor's Phone Number: 206 694 6866

Counselor's Email Address: erinr@solid-ground.org

Do you have condominium or homeowner association (HOA) fees? ☐ Yes ☒ No

Total monthly amount: \$                     

Name and address that fees are paid to:                     

Have you filed for bankruptcy? ☒ Yes ☐ No If yes: ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☒ Chapter 13

If yes, what is the filing Date: 6/5/08 & 5/14/09 Has your bankruptcy been discharged? ☒ Yes ☐ No Bankruptcy case number: 08-13473-PHB

Is any Borrower an active duty service member?

☐ Yes ☒ No

Has any Borrower been deployed away from his/her primary residence or received a Permanent Change of Station order?

☐ Yes ☒ No

Is any Borrower the surviving spouse of a deceased service member who was on active duty at the time of death?

☐ Yes ☒ No

### Required Income Documentation

- \*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.



UNIFORM BORROWER ASSISTANCE FORM	
HARDSHIP AFFIDAVIT	
I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options. Date Hardship Began is: Most Recently 2/1/2012	
I believe that my situation is: <input type="checkbox"/> Short-term (under 6 months) <input checked="" type="checkbox"/> Medium-term (6 – 12 months) <input type="checkbox"/> Long-term or Permanent Hardship (greater than 12 months)	
I am having difficulty making my monthly payment because of reason set forth below: (Please check the primary reason and submit required documentation demonstrating your primary hardship)	
If Your Hardship is:	Then the Required Hardship Documentation is:
<input checked="" type="checkbox"/> Unemployment	<input checked="" type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Reduction in Income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court; OR <input type="checkbox"/> Separation agreement signed by the court; OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying Borrower or co-Borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death certificate; OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable); OR <input type="checkbox"/> Written statement or other documentation verifying disability or illness; OR <input type="checkbox"/> Doctor's certificate of illness or disability; OR <input type="checkbox"/> Medical bills None of the above shall require providing detailed medical information.
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or Employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer / Relocation	<b>For active duty service members:</b> Notice of Permanent Change of Station (PCS) or actual PCS orders. <b>For employment transfers/new employment:</b> <input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR <input type="checkbox"/> Pay stub from new employer; OR <input type="checkbox"/> If none of these apply, provide written explanation In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders).
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <input type="checkbox"/> Bankruptcy filing for the business; OR <input type="checkbox"/> Two months recent bank statements for the business account evidencing cessation of business activity; OR <input type="checkbox"/> Most recent signed and dated quarterly or year-to-date profit and loss statement
<input type="checkbox"/> Other: a hardship that is not covered above	<input type="checkbox"/> Written explanation describing the details of the hardship and relevant documentation



**Borrower/Co-Borrower Acknowledgement and Agreement**

I certify, acknowledge, and agree to the following:

1. All of the information in this Borrower Assistance Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by the Servicer, owner or guarantor of my mortgage, their agent(s), or an authorized third party\*, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all Servicer, or authorized third party\*, communications.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. The Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
  - a. All the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
  - b. My first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by the Servicer.
  - c. The Servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
  - d. Payments due under a trial period plan for a modification will contain escrow amounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
7. A condemnation notice has not been issued for the property.
8. The Servicer or authorized third party\* will obtain a current credit report on all borrowers obligated on the Note.
9. The Servicer or authorized third party\* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. This personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my social security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity. I understand and consent to the Servicer or authorized third party\*, as well as any investor or guarantor (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
  - a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and
  - b. The U.S. Department of Treasury, Fannie Mae and Freddie Mac, in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.
10. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the Lender/Servicer/ or authorized third party\*. By checking this box, I also consent to being contacted by ☐ text messaging.

  
Borrower Signature

04/23/2014

Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

\*An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

## SMITH – Referral for Foreclosure Mediation Notice, per RCW 61.24.163(3)

## HAMP Application, Hardship Letter and other Documents

Making Home Affordable Program  
Request For Mortgage Assistance (RMA)

If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options under the Making Home Affordable (MHA) Program. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about **all** of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. **Finally, you will need to return to your loan servicer (1) this completed, signed and dated Request for Mortgage Assistance (RMA); and (2) completed and signed IRS Form 4506-T or 4506T-EZ; and (3) all required income documentation identified in Section 4.**

When you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this RMA is accurate and truthful.

## SECTION 1: BORROWER INFORMATION

BORROWER		CO-BORROWER	
BORROWER'S NAME Karen D. Smith		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER [REDACTED]	DATE OF BIRTH (MM/DD/YY) [REDACTED]	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)
HOME PHONE NUMBER WITH AREA CODE (206) 329-9303		HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE		CELL OR WORK NUMBER WITH AREA CODE	
MAILING ADDRESS PO Box 22417 Seattle, WA 98122		MAILING ADDRESS (IF SAME AS BORROWER, WRITE "SAME")	
EMAIL ADDRESS kdelores@msn.com		EMAIL ADDRESS	
Has any borrower filed for bankruptcy? <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: <u>06/05/08</u> Bankruptcy case number: <u>08-13473</u> Has your bankruptcy been discharged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is any borrower a servicemember? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Have you recently been deployed away from your principal residence or recently received a permanent change of station order? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others? <u>0</u>			
Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", how many? _____			
Are you or any co-borrower currently in or being considered for a HAMP trial period plan on a property other than your principal residence? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## SECTION 2: HARDSHIP AFFIDAVIT

I (We) am/are requesting review under MHA.  
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input checked="" type="checkbox"/> My household income has been reduced. For example: reduced pay or hours, decline in business or self-employment earnings, death, disability or divorce of a borrower or co-borrower.	<input checked="" type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input checked="" type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input checked="" type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	Other _____

Explanation (continue on a separate sheet of paper if necessary):



## SMITH – Referral for Foreclosure Mediation Notice, per RCW 61.24.163(3)

## HAMP Application, Hardship Letter and other Documents

## SECTION 3: PRINCIPAL RESIDENCE INFORMATION

(This section is required even if you are not seeking mortgage assistance on your principal residence)

I am requesting mortgage assistance with my principal residence ☒ Yes ☐ NoIf "yes", I want to: ☒ Keep the property ☐ Sell the property

Property Address: 819 21st Avenue, Seattle, WA 98122

Loan ID. Number: [REDACTED]

Other mortgages or liens on the property? ☐ Yes ☒ No

Lien Holder / Servicer Name: Shellpoint

Loan ID. Number: [REDACTED]

Do you have condominium or homeowner association (HOA) fees? ☐ Yes ☒ No

If "Yes", Monthly Fee \$ [REDACTED]

Are fees paid current? ☐ Yes ☐ No

Name and address that fees are paid to: [REDACTED]

Does your mortgage payment include taxes and insurance? ☐ Yes ☒ NoIf "No", are the taxes and insurance paid current? ☒ Yes ☐ No

Annual Homeowner's Insurance \$ [REDACTED]

Is the property listed for sale? ☐ Yes ☒ No

If "Yes", Listing Agent's Name: [REDACTED] Phone Number: [REDACTED]

List date? [REDACTED] Have you received a purchase offer? ☐ Yes ☐ No Amount of Offer \$ [REDACTED] Closing Date: [REDACTED]

Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.

Principal residence servicer name: [REDACTED] Principal residence servicer phone number: [REDACTED]

Is the mortgage on your principal residence paid? ☐ Yes ☐ No If "No", number of months your payment is past due (if known): [REDACTED]

## SECTION 4: COMBINED INCOME AND EXPENSE OF BORROWER AND CO-BORROWER

Monthly Household Income		Monthly Household Expenses/Debt (*Principal Residence Expense Only)		Household Assets	
Monthly Gross wages	\$ [REDACTED]	First Mortgage Principal & Interest Payment*	\$ [REDACTED]	Checking Account(s)	\$ [REDACTED]
Overtime	\$ [REDACTED]	Second Mortgage Principal & Interest Payment*	\$ [REDACTED]	Checking Account(s)	\$ [REDACTED]
Self employment Income	\$ [REDACTED]	Homeowner's Insurance*	\$ [REDACTED]	Savings / Money Market	\$ [REDACTED]
Unemployment Income	\$ [REDACTED]	Property Taxes*	\$ [REDACTED]	CDs	\$ [REDACTED]
Untaxed Social Security / SSD	\$ [REDACTED]	HOA/Condo Fees*	\$ [REDACTED]	Stocks / Bonds	\$ [REDACTED]
Food Stamps/Welfare	\$ [REDACTED]	Credit Cards/Installment debt (total min. payment)	\$ [REDACTED]	Other Cash on Hand	\$ [REDACTED]
Taxable Social Security or retirement income	\$ [REDACTED]	Child Support / Alimony	\$ [REDACTED]		
Child Support / Alimony**	\$ [REDACTED]	Car Payments	\$ [REDACTED]		
Tips, commissions, bonus and overtime	\$ [REDACTED]	Mortgage Payments other properties****	\$ [REDACTED]		
Gross Rents Received ***	\$ [REDACTED]	Other	\$ [REDACTED]	Value of all Real Estate except principal residence	\$ [REDACTED]
Other	\$ [REDACTED]			Other	\$ [REDACTED]
Total (Gross income)	\$ [REDACTED]	Total Debt/Expenses	\$ [REDACTED]	Total Assets	\$ [REDACTED]

\* Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.

\*\* Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in Section 6.

\*\*\* Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section 6.

## SMITH – Referral for Foreclosure Mediation Notice, per RCW 61.24.163(3)

## HAMP Application, Hardship Letter and other Documents

Required Income Documentation	
(Your servicer may request additional documentation to complete your evaluation for MHA)	
All Borrowers	<input checked="" type="checkbox"/> Include a signed IRS Form 4506-T or 4506T-EZ
<input type="checkbox"/> Do you earn a wage? Borrower Hire Date (MM/DD/YY) _____ Co-borrower Hire Date (MM/DD/YY) _____	<input type="checkbox"/> For each borrower who is a salaried employee or hourly wage earner, provide the most recent pay stub(s) that reflects at least 30 days of year-to-date income.
<input checked="" type="checkbox"/> Are you self-employed?	<input type="checkbox"/> Provide your most recent signed and dated quarterly or year-to-date profit and loss statement.
<input type="checkbox"/> Do you receive tips, commissions, bonuses, housing allowance or overtime?	<input type="checkbox"/> Describe the type of income, how frequently you receive the income and third party documentation describing the income (e.g., employment contracts or printouts documenting tip income).
<input type="checkbox"/> Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?	<input type="checkbox"/> Provide documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider and receipt of payment (such as two most recent bank statements or deposit advices).
<input type="checkbox"/> Do you receive alimony, child support, or separation maintenance payments?	<input type="checkbox"/> Provide a copy of the divorce decree, separation agreement, or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them. AND <input type="checkbox"/> Copies of your two most recent bank statements or deposit advices showing you have received payment. <b>Notice: Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.</b>
<input type="checkbox"/> Do you have income from rental properties that are not your principal residence?	<input type="checkbox"/> Provide your most recent Federal Tax return with all schedules, including Schedule E. <input type="checkbox"/> If rental income is not reported on Schedule E, provide a copy of the current lease agreement with bank statements showing deposit of rent checks.

### SECTION 5: OTHER PROPERTIES OWNED

(You must provide information about all properties that you or the co-borrower own, other than your principal residence and any property described in Section 4 below. Use additional sheets if necessary.)

#### Other Property #1

Property Address: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_  
 Servicer Name: \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
 Property is: ☐ Vacant ☐ Second or seasonal home ☐ Rented Gross Monthly Rent \$ \_\_\_\_\_ Monthly mortgage payment\* \$ \_\_\_\_\_

#### Other Property #2

Property Address: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_  
 Servicer Name: \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
 Property is: ☐ Vacant ☐ Second or seasonal home ☐ Rented Gross Monthly Rent \$ \_\_\_\_\_ Monthly mortgage payment\* \$ \_\_\_\_\_

#### Other Property #3

Property Address: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_  
 Servicer Name: \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
 Property is: ☐ Vacant ☐ Second or seasonal home ☐ Rented Gross Monthly Rent \$ \_\_\_\_\_ Monthly mortgage payment\* \$ \_\_\_\_\_

\* The amount of the monthly payment made to your lender – including, if applicable, monthly principal, interest, real property taxes and insurance premiums.



## SMITH – Referral for Foreclosure Mediation Notice, per RCW 61.24.163(3)

## HAMP Application, Hardship Letter and other Documents

**SECTION 6: OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED**(Complete this section **ONLY** if you are requesting mortgage assistance with a property that is not your principal residence.)I am requesting mortgage assistance with a rental property. ☐ Yes ☐ NoI am requesting mortgage assistance with a second or seasonal home. ☐ Yes ☐ NoIf "Yes" to either, I want to: ☐ Keep the property ☐ Sell the property

Property Address: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_

Do you have a second mortgage on the property ☐ Yes ☐ No If "Yes", Servicer Name: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_Do you have condominium or homeowner association (HOA) fees? ☐ Yes ☐ No If "Yes", Monthly Fee \$ \_\_\_\_\_ Are HOA fees paid current? ☐ Yes ☐ No

Name and address that fees are paid to: \_\_\_\_\_

Does your mortgage payment include taxes and insurance? ☐ Yes ☐ No If "No", are the taxes and insurance paid current? ☐ Yes ☐ No

Annual Homeowner's Insurance \$ \_\_\_\_\_ Annual Property Taxes \$ \_\_\_\_\_

If requesting assistance with a rental property, property is currently: ☐ Vacant and available for rent.  
☐ Occupied without rent by your legal dependent, parent or grandparent as their principal residence.  
☐ Occupied by a tenant as their principal residence.  
☐ Other \_\_\_\_\_If rental property is occupied by a tenant: Term of lease / occupancy \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gross Monthly Rent \$ \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

If rental property is vacant, describe efforts to rent property: \_\_\_\_\_

If applicable, describe relationship of and duration of non-rent paying occupant of rental property: \_\_\_\_\_

Is the property for sale? ☐ Yes ☐ No If "Yes", Listing Agent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_List date? \_\_\_\_\_ Have you received a purchase offer? ☐ Yes ☐ No Amount of Offer \$ \_\_\_\_\_ Closing Date: \_\_\_\_\_**RENTAL PROPERTY CERTIFICATION**

(You must complete this certification if you are requesting a mortgage modification with respect to a rental property.)

☐ By checking this box and initialing below, I am requesting a mortgage modification under MHA with respect to the rental property described in this Section 6 and I hereby certify under penalty of perjury that each of the following statements is true and correct with respect to that property:

- I intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I understand that the servicer, the U.S. Department of the Treasury, or their respective agents may ask me to provide evidence of my intention to rent the property during such time. I further understand that such evidence must show that I used reasonable efforts to rent the property to a tenant or tenants on a year-round basis, if the property is or becomes vacant during such five-year period.

Note: The term "reasonable efforts" includes, without limitation, advertising the property for rent in local newspapers, websites or other commonly used forms of written or electronic media, and/or engaging a real estate or other professional to assist in renting the property, in either case, at or below market rent.

- The property is not my secondary residence and I do not intend to use the property as a secondary residence for at least five years following the effective date of my mortgage modification. I understand that if I do use the property as a secondary residence during such five-year period, my use of the property may be considered to be inconsistent with the certifications I have made herein.

Note: The term "secondary residence" includes, without limitation, a second home, vacation home or other type of residence that I personally use or occupy on a part-time, seasonal or other basis.

- I do not own more than five (5) single-family homes (i.e., one-to-four unit properties) (exclusive of my principal residence)

**Notwithstanding the foregoing certifications, I may at any time sell the property, occupy it as my principal residence, or permit my legal dependent, parent or grandparent to occupy it as their principal residence with no rent charged or collected, none of which will be considered to be inconsistent with the certifications made herein.**

This certification is effective on the earlier of the date listed below or the date the BMA is received by your servicer.

Initials: Borrower \_\_\_\_\_ Co-borrower \_\_\_\_\_

## SMITH – Referral for Foreclosure Mediation Notice, per RCW 61.24.163(3)

## HAMP Application, Hardship Letter and other Documents

## SECTION 7: DODD -FRANK CERTIFICATION

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their respective agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law. This certification is effective on the earlier of the date listed below or the date this RMA is received by your servicer.

## SECTION 8: INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER ☐ I do not wish to furnish this information

CO-BORROWER ☐ I do not wish to furnish this information

Ethnicity: ☐ Hispanic or Latino  
☐ Not Hispanic or Latino  
 Race: ☐ American Indian or Alaska Native  
☐ Asian  
☒ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White  
 Sex: ☒ Female  
☐ Male

Ethnicity: ☐ Hispanic or Latino  
☐ Not Hispanic or Latino  
 Race: ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White  
 Sex: ☐ Female  
☐ Male




To be completed by interviewer		Name/Address of Interviewer's Employer
This request was taken by: <input type="checkbox"/> Face-to-face Interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (print or type) & ID Number	
	Interviewer's Signature Date	
	Interviewer's Phone Number (include area code)	



## SECTION 9: BORROWER AND CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT

1. I certify that all of the information in this RMA is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. I understand and acknowledge that the Servicer, the U.S. Department of the Treasury, the owner or guarantor of my mortgage loan, or their respective agents may investigate the accuracy of my statements, may require me to provide additional supporting documentation and that knowingly submitting false information may violate Federal and other applicable law.
3. I authorize and give permission to the Servicer, the U.S. Department of the Treasury, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower's eligibility for MHA and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance under MHA, the Servicer, the U.S. Department of the Treasury, or their respective agents may terminate my participation in MHA, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.
5. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
7. I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. If I am eligible for assistance under MHA, and I accept and agree to all terms of an MHA notice, plan, or agreement, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. My first timely payment, if required, following my servicer's determination and notification of my eligibility or prequalification for MHA assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.
10. I understand that my Servicer will collect and record personal information that I submit in this RMA and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any MHA notice, plan or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.
11. I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

			12/23/16
Borrower Signature	Social Security Number	Date of Birth	Date
Co-borrower Signature	Social Security Number	Date of Birth	Date

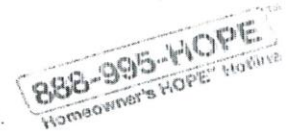
SMITH – Referral for Foreclosure Mediation Notice, per RCW 61.24.163(3)

HAMP Application, Hardship Letter and other Documents

**HOMEOWNER'S HOTLINE**

If you have questions about this document or the Making Home Affordable Program, please call your servicer.  
If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at **1-888-995-HOPE (4673)**.

The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.



**NOTICE TO BORROWERS**

Return your completed, signed and dated form to your mortgage servicer/company. If you're unsure of where to send the form, visit the Making Home Affordable website, [www.makinghomeaffordable.gov](http://www.makinghomeaffordable.gov). Find your mortgage company information by clicking: Get Answers >> Contact My Mortgage Company.

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy of your property, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to my Servicer in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), or [www.sig tarp.gov](http://www.sig tarp.gov) and provide them with your name, our name as your servicer, your property address, loan number and the reason for escalation.

**Beware of Foreclosure Rescue Scams. Help is FREE!**

- There is never a fee to get assistance or information about the Making Home Affordable Program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.
- If you think you've been scammed, visit [www.makinghomeaffordable.gov](http://www.makinghomeaffordable.gov). Click on Get Answers >> Avoid Scams/File a Complaint.





## SMITH – Referral for Foreclosure Mediation Notice, per RCW 61.24.163(3)

## HAMP Application, Hardship Letter and other Documents

Making Home Affordable Program  
Request For Mortgage Assistance (RMA)

If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options under the Making Home Affordable (MHA) Program. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about **all** of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. **Finally, you will need to return to your loan servicer (1) this completed, signed and dated Request for Mortgage Assistance (RMA); and (2) completed and signed IRS Form 4506-T or 4506T-EZ; and (3) all required income documentation identified in Section 4.**

When you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this RMA is accurate and truthful.

## SECTION 1: BORROWER INFORMATION

BORROWER	CO-BORROWER
BORROWER'S NAME Karen D. Smith	CO-BORROWER'S NAME
SOCIAL SECURITY NUMBER [REDACTED]	SOCIAL SECURITY NUMBER
DATE OF BIRTH (MM/DD/YY) [REDACTED]	DATE OF BIRTH (MM/DD/YY)
HOME PHONE NUMBER WITH AREA CODE 206 329 9303	HOME PHONE NUMBER WITH AREA CODE
CELL OR WORK NUMBER WITH AREA CODE	CELL OR WORK NUMBER WITH AREA CODE
MAILING ADDRESS PO Box 22417 Seattle, WA 98122	MAILING ADDRESS (IF SAME AS BORROWER, WRITE "SAME")
EMAIL ADDRESS kdelores@msn.com	EMAIL ADDRESS
Has any borrower filed for bankruptcy? <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: 06/05/08 Bankruptcy case number: 08-13473	Is any borrower a servicemember? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your bankruptcy been discharged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Have you recently been deployed away from your principal residence or recently received a permanent change of station order? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others? 0	
Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", how many? _____	
Are you or any co-borrower currently in or being considered for a HAMP trial period plan on a property other than your principal residence? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## SECTION 2: HARDSHIP AFFIDAVIT

I (We) am/are requesting review under MHA.  
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input checked="" type="checkbox"/> My household income has been reduced. For example: reduced pay or hours, decline in business or self employment earnings, death, disability or divorce of a borrower or co-borrower.	<input checked="" type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input checked="" type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input checked="" type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time
<input type="checkbox"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	Other:

Explanation (continue on a separate sheet of paper if necessary):

## SMITH – Referral for Foreclosure Mediation Notice, per RCW 61.24.163(3)

## HAMP Application, Hardship Letter and other Documents

## SECTION 3: PRINCIPAL RESIDENCE INFORMATION

(This section is required even if you are not seeking mortgage assistance on your principal residence)

I am requesting mortgage assistance with my principal residence ☒ Yes ☐ NoIf "yes", I want to: ☒ Keep the property ☐ Sell the property

Property Address: 819 21st Avenue, Seattle, WA 98122

Loan I.D. Number: [REDACTED]

Other mortgages or liens on the property? ☐ Yes ☒ No

Lien Holder / Servicer Name: Shellpoint

Loan I.D. Number: [REDACTED]

Do you have condominium or homeowner association (HOA) fees? ☐ Yes ☒ No

If "Yes", Monthly Fee \$ [REDACTED]

Are fees paid current? ☐ Yes ☐ No

Name and address that fees are paid to: [REDACTED]

Does your mortgage payment include taxes and insurance? ☒ Yes ☐ NoIf "No", are the taxes and insurance paid current? ☒ Yes ☐ No

Annual Homeowner's Insurance \$ [REDACTED]

Is the property listed for sale? ☐ Yes ☒ No

If "Yes", Listing Agent's Name: [REDACTED] Phone Number: [REDACTED]

List date? [REDACTED] Have you received a purchase offer? ☐ Yes ☐ No

Amount of Offer \$ [REDACTED] Closing Date: [REDACTED]

Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.

Principal residence servicer name: [REDACTED]

Principal residence servicer phone number: [REDACTED]

Is the mortgage on your principal residence paid? ☐ Yes ☐ No

If "No", number of months your payment is past due (if known): [REDACTED]

## SECTION 4: COMBINED INCOME AND EXPENSE OF BORROWER AND CO-BORROWER

Monthly Household Income		Monthly Household Expenses/Debt (*Principal Residence Expense Only)		Household Assets	
Monthly Gross wages	\$ [REDACTED]	First Mortgage Principal & Interest Payment*	\$ [REDACTED]	Checking Account(s)	\$ [REDACTED]
Overtime	\$ [REDACTED]	Second Mortgage Principal & Interest Payment*	\$ [REDACTED]	Checking Account(s)	\$ [REDACTED]
Self employment Income	\$ [REDACTED]	Homeowner's Insurance*	\$ [REDACTED]	Savings / Money Market	\$ [REDACTED]
Unemployment Income	\$ [REDACTED]	Property Taxes*	\$ [REDACTED]	CDs	\$ [REDACTED]
Uninsured Social Security / SSD	\$ [REDACTED]	HOA/Condo Fees*	\$ [REDACTED]	Stocks / Bonds	\$ [REDACTED]
Food Stamps/Welfare	\$ [REDACTED]	Credit Cards/Installment debt (total min. payment)	\$ [REDACTED]	Other Cash on Hand	\$ [REDACTED]
Taxable Social Security or retirement income	\$ [REDACTED]	Child Support / Alimony	\$ [REDACTED]		
Child Support / Alimony**	\$ [REDACTED]	Car Payments	\$ [REDACTED]		
Tips, commissions, bonus and overtime	\$ [REDACTED]	Mortgage Payments other properties****	\$ [REDACTED]		
Gross Rents Received ***	\$ [REDACTED]	Other	\$ [REDACTED]	Value of all Real Estate except principal residence	\$ [REDACTED]
Other	\$ [REDACTED]			Other	\$ [REDACTED]
<b>Total (Gross income)</b>	<b>\$ [REDACTED]</b>	<b>Total Debt/Expenses</b>	<b>\$ [REDACTED]</b>	<b>Total Assets</b>	<b>\$ [REDACTED]</b>

\* Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.

\*\* Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in Section 6.

\*\*\* Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section 6.



## SMITH – Referral for Foreclosure Mediation Notice, per RCW 61.24.163(3)

## HAMP Application, Hardship Letter and other Documents

Required Income Documentation (Your servicer may request additional documentation to complete your evaluation for MHA)	
All Borrowers	<input checked="" type="checkbox"/> Include a signed IRS Form 4506-T or 4506T-EZ
<input type="checkbox"/> Do you earn a wage? Borrower Hire Date (MM/DD/YY) _____ Co-borrower Hire Date (MM/DD/YY) _____	<input type="checkbox"/> For each borrower who is a salaried employee or hourly wage earner, provide the most recent pay stub(s) that reflects at least 30 days of year-to-date income.
<input checked="" type="checkbox"/> Are you self-employed?	<input checked="" type="checkbox"/> Provide your most recent signed and dated quarterly or year-to date profit and loss statement.
<input type="checkbox"/> Do you receive tips, commissions, bonuses, housing allowance or overtime?	<input type="checkbox"/> Describe the type of income, how frequently you receive the income and third party documentation describing the income (e.g., employment contracts or printouts documenting tip income).
<input type="checkbox"/> Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?	<input type="checkbox"/> Provide documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider and receipt of payment (such as two most recent bank statements or deposit advices).
<input type="checkbox"/> Do you receive alimony, child support, or separation maintenance payments?	<input type="checkbox"/> Provide a copy of the divorce decree, separation agreement, or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them. AND <input type="checkbox"/> Copies of your two most recent bank statements or deposit advices showing you have received payment. <b>Notice: Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.</b>
<input type="checkbox"/> Do you have income from rental properties that are not your principal residence?	<input type="checkbox"/> Provide your most recent Federal Tax return with all schedules, including Schedule E. <input type="checkbox"/> If rental income is not reported on Schedule E, provide a copy of the current lease agreement with bank statements showing deposit of rent checks.

## SECTION 5: OTHER PROPERTIES OWNED

(You must provide information about all properties that you or the co-borrower own, other than your principal residence and any property described in Section 6 below. Use additional sheets if necessary.)

## Other Property #1

Property Address: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_

Servicer Name: \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_

Property is: ☐ Vacant ☐ Second or seasonal home ☐ Rented Gross Monthly Rent \$ \_\_\_\_\_ Monthly mortgage payment\* \$ \_\_\_\_\_

## Other Property #2

Property Address: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_

Servicer Name: \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_

Property is: ☐ Vacant ☐ Second or seasonal home ☐ Rented Gross Monthly Rent \$ \_\_\_\_\_ Monthly mortgage payment\* \$ \_\_\_\_\_

## Other Property #3

Property Address: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_

Servicer Name: \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_

Property is: ☐ Vacant ☐ Second or seasonal home ☐ Rented Gross Monthly Rent \$ \_\_\_\_\_ Monthly mortgage payment\* \$ \_\_\_\_\_

\* The amount of the monthly payment made to your lender – including, if applicable, monthly principal, interest, real property taxes and insurance premiums..

## SMITH – Referral for Foreclosure Mediation Notice, per RCW 61.24.163(3)

## HAMP Application, Hardship Letter and other Documents

**SECTION 6: OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED**(Complete this section **ONLY** if you are requesting mortgage assistance with a property that is not your principal residence.)I am requesting mortgage assistance with a rental property. ☐ Yes ☒ NoI am requesting mortgage assistance with a second or seasonal home. ☐ Yes ☒ NoIf "Yes" to either, I want to: ☐ Keep the property ☐ Sell the property

Property Address: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_

Do you have a second mortgage on the property ☐ Yes ☐ No If "Yes", Servicer Name: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_Do you have condominium or homeowner association (HOA) fees? ☐ Yes ☐ No If "Yes", Monthly Fee \$ \_\_\_\_\_ Are HOA fees paid current? ☐ Yes ☐ No

Name and address that fees are paid to: \_\_\_\_\_

Does your mortgage payment include taxes and insurance? ☐ Yes ☐ No If "No", are the taxes and insurance paid current? ☐ Yes ☐ No

Annual Homeowner's Insurance \$ \_\_\_\_\_ Annual Property Taxes \$ \_\_\_\_\_

If requesting assistance with a rental property, property is currently:

☐ Vacant and available for rent.

☐ Occupied without rent by your legal dependent, parent or grandparent as their principal residence.

☐ Occupied by a tenant as their principal residence.

☐ Other \_\_\_\_\_

If rental property is occupied by a tenant: Term of lease / occupancy \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ -- \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gross Monthly Rent \$ \_\_\_\_\_

MM / DD / YYYY MM / DD / YYYY

If rental property is vacant, describe efforts to rent property: \_\_\_\_\_

If applicable, describe relationship of and duration of non-rent paying occupant of rental property: \_\_\_\_\_

Is the property for sale? ☐ Yes ☐ No If "Yes", Listing Agent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_List date? \_\_\_\_\_ Have you received a purchase offer? ☐ Yes ☐ No Amount of Offer \$ \_\_\_\_\_ Closing Date: \_\_\_\_\_**RENTAL PROPERTY CERTIFICATION**

(You must complete this certification if you are requesting a mortgage modification with respect to a rental property.)

☐ By checking this box and initialing below, I am requesting a mortgage modification under MHA with respect to the rental property described in this Section 6 and I hereby certify under penalty of perjury that each of the following statements is true and correct with respect to that property:

1. I intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I understand that the servicer, the U.S. Department of the Treasury, or their respective agents may ask me to provide evidence of my intention to rent the property during such time. I further understand that such evidence must show that I used reasonable efforts to rent the property to a tenant or tenants on a year-round basis, if the property is or becomes vacant during such five-year period.

Note: The term "reasonable efforts" includes, without limitation, advertising the property for rent in local newspapers, websites or other commonly used forms of written or electronic media, and/or engaging a real estate or other professional to assist in renting the property, in either case, at or below market rent.

2. The property is not my secondary residence and I do not intend to use the property as a secondary residence for at least five years following the effective date of my mortgage modification. I understand that if I do use the property as a secondary residence during such five-year period, my use of the property may be considered to be inconsistent with the certifications I have made herein.

Note: The term "secondary residence" includes, without limitation, a second home, vacation home or other type of residence that I personally use or occupy on a part-time, seasonal or other basis.

3. I do not own more than five (5) single-family homes (i.e., one-to-four unit properties) (exclusive of my principal residence).

**Notwithstanding the foregoing certifications, I may at any time sell the property, occupy it as my principal residence, or permit my legal dependent, parent or grandparent to occupy it as their principal residence with no rent charged or collected, none of which will be considered to be inconsistent with the certifications made herein.**

This certification is effective on the earlier of the date listed below or the date the RMA is received by your servicer.

Initials: Borrower \_\_\_\_\_ Co-borrower \_\_\_\_\_



## SMITH – Referral for Foreclosure Mediation Notice, per RCW 61.24.163(3)

## HAMP Application, Hardship Letter and other Documents

## SECTION 7: DODD -FRANK CERTIFICATION

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their respective agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law. This certification is effective on the earlier of the date listed below or the date this RMA is received by your servicer.

## SECTION 8: INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER ☐ I do not wish to furnish this information

Ethnicity: ☐ Hispanic or Latino  
☒ Not Hispanic or Latino  
 Race: ☐ American Indian or Alaska Native  
☐ Asian  
☒ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White  
 Sex: ☒ Female  
☐ Male

CO-BORROWER ☐ I do not wish to furnish this information

Ethnicity: ☐ Hispanic or Latino  
☐ Not Hispanic or Latino  
 Race: ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White  
 Sex: ☐ Female  
☐ Male

To be completed by interviewer		Name/Address of Interviewer's Employer
This request was taken by: <input type="checkbox"/> Face-to-face Interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (print or type) & ID Number	
	Interviewer's Signature <span style="float: right;">Date</span>	
	Interviewer's Phone Number (include area code)	



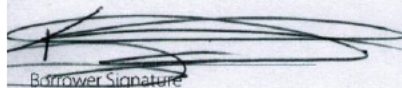
## SMITH – Referral for Foreclosure Mediation Notice, per RCW 61.24.163(3)

## HAMP Application, Hardship Letter and other Documents

## SECTION 9: BORROWER AND CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT

1. I certify that all of the information in this RMA is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. I understand and acknowledge that the Servicer, the U.S. Department of the Treasury, the owner or guarantor of my mortgage loan, or their respective agents may investigate the accuracy of my statements, may require me to provide additional supporting documentation and that knowingly submitting false information may violate Federal and other applicable law.
3. I authorize and give permission to the Servicer, the U.S. Department of the Treasury, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower's eligibility for MHA and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance under MHA, the Servicer, the U.S. Department of the Treasury, or their respective agents may terminate my participation in MHA, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.
5. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
7. I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. If I am eligible for assistance under MHA, and I accept and agree to all terms of an MHA notice, plan, or agreement, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. My first timely payment, if required, following my servicer's determination and notification of my eligibility or prequalification for MHA assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.
10. I understand that my Servicer will collect and record personal information that I submit in this RMA and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any MHA notice, plan or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.
11. I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

  
Borrower Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

12/23/16  
4/10/17  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-borrower Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date



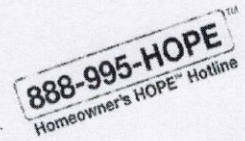
SMITH – Referral for Foreclosure Mediation Notice, per RCW 61.24.163(3)

HAMP Application, Hardship Letter and other Documents

HOMEOWNER'S HOTLINE

If you have questions about this document or the Making Home Affordable Program, please call your servicer.  
If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673).

The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.



NOTICE TO BORROWERS

Return your completed, signed and dated form to your mortgage servicer/company. If you're unsure of where to send the form, visit the Making Home Affordable website, [www.makinghomeaffordable.gov](http://www.makinghomeaffordable.gov). Find your mortgage company information by clicking: Get Answers >> Contact My Mortgage Company.

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy of your property, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to my Servicer in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), or [www.sigtar.gov](http://www.sigtar.gov) and provide them with your name, our name as your servicer, your property address, loan number and the reason for escalation.

**Beware of Foreclosure Rescue Scams. Help is FREE!**

- There is never a fee to get assistance or information about the Making Home Affordable Program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.
- If you think you've been scammed, visit [www.makinghomeaffordable.gov](http://www.makinghomeaffordable.gov). Click on Get Answers >> Avoid Scams/File a Complaint.



SMITH – Referral for Foreclosure Mediation Notice, per RCW 61.24.163(3)

Documents for Mediation Follow Up as of July 17 2017

**UNIFORM BORROWER ASSISTANCE FORM**

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) bankruptcy; and (4) your credit counseling agency.

On Page 2, you must disclose information about all of your income, expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request for assistance. Then on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

**NOTICE:** In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.

**REMINDER:** The Borrower Response Package you need to return consists of: (1) this completed, signed and dated Borrower Assistance Form; (2) completed and signed IRS Form 4506T-EZ (4506T for self-employed borrowers or borrowers with rental income); (3) required income documentation; and (4) required hardship documentation.

Loan Number [REDACTED] (usually found on your monthly mortgage statement)

Servicer's Name Shellpoint

I want to: ☒ Keep the Property ☐ Vacate the Property ☐ Sell the Property ☐ Undecided

The property is currently: ☒ My Primary Residence ☐ A Second Home ☐ An Investment Property

The property is currently: ☒ Owner Occupied ☐ Renter Occupied ☐ Vacant

**BORROWER****CO-BORROWER**

BORROWER'S NAME

Karen D. Smith

CO-BORROWER'S NAME

SOCIAL SECURITY NUMBER

[REDACTED]

DATE OF BIRTH

[REDACTED]

SOCIAL SECURITY NUMBER

DATE OF BIRTH

HOME PHONE NUMBER WITH AREA CODE

206 329 9303

HOME PHONE NUMBER WITH AREA CODE

CELL OR WORK NUMBER WITH AREA CODE

CELL OR WORK NUMBER WITH AREA CODE

MAILING ADDRESS

PO Box 22417, Seattle, WA 98122

PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)

819 21st Ave, Seattle, WA 98122

EMAIL ADDRESS

kdelores@msn.com

Is the property listed for sale? ☐ Yes ☒ No

If yes, what was the listing date? \_\_\_\_\_

If property has been listed for sale, have you received an offer on the property? ☐ Yes ☐ No

Date of offer: \_\_\_\_\_ Amount of Offer: \$ \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_

For Sale by Owner? ☐ Yes ☐ No

Have you contacted a credit counseling agency for help?

☐ Yes ☐ No

If yes, please complete the counselor contact information below:

Counselor's Name: \_\_\_\_\_

Agency's Name: \_\_\_\_\_

Counselor's Phone Number: \_\_\_\_\_

Counselor's Email Address: \_\_\_\_\_

Do you have condominium or homeowner association (HOA) fees? ☐ Yes ☒ No

Total monthly amount: \$ \_\_\_\_\_

Name and address that fees are paid to: \_\_\_\_\_

Have you filed for bankruptcy? ☒ Yes ☐ No If yes: ☒ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13

If yes, what is the filing Date: 06/05/2008 Has your bankruptcy been discharged? ☒ Yes ☐ No Bankruptcy case number: 08-13473

Is any Borrower an active duty service member?

☐ Yes ☒ No

Has any Borrower been deployed away from his/her primary residence or received a Permanent Change of Station order?

☐ Yes ☒ No

Is any Borrower the surviving spouse of a deceased service member who was on active duty at the time of death?

☐ Yes ☒ No



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Documents for Mediation Follow Up as of July 17 2017

UNIFORM BORROWER ASSISTANCE FORM					
Monthly Household Income		Monthly Household Expenses and Debt Payments		Household Assets (associated with the property and/or borrower(s) excluding retirement funds)	
Gross wages	\$ [REDACTED]	First Mortgage Payment	\$ [REDACTED]	Checking Account(s)	\$ [REDACTED]
Overtime	\$ [REDACTED]	Second Mortgage Payment	\$ [REDACTED]	Checking Account(s)	\$ [REDACTED]
Child Support / Alimony*	\$ [REDACTED]	Homeowner's Insurance	\$ [REDACTED]	Savings / Money Market	\$ [REDACTED]
Non-taxable social security/SSDI	\$ [REDACTED]	Property Taxes	\$ [REDACTED]	CDs	\$ [REDACTED]
Taxable SS benefits or other monthly income from annuities or retirement plans	\$ [REDACTED]	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$ [REDACTED]	Stocks / Bonds	\$ [REDACTED]
Tips, commissions, bonus and self-employed income	\$ [REDACTED]	Alimony, child support payments	\$ [REDACTED]	Other Cash on Hand	\$ [REDACTED]
Rents Received	\$ [REDACTED]	Car Lease Payments	\$ [REDACTED]	Other Real Estate (estimated value)	\$ [REDACTED]
Unemployment Income	\$ [REDACTED]	HOA/Condo Fees/Property Maintenance	\$ [REDACTED]	Other [REDACTED]	\$ [REDACTED]
Food Stamps/Welfare	\$ [REDACTED]	Mortgage Payments on other properties	\$ [REDACTED]		\$ [REDACTED]
Other	\$ [REDACTED]	Other Utilities and Bus Exp	\$ [REDACTED]		\$ [REDACTED]
<b>Total (Gross income)</b>	<b>\$ [REDACTED]</b>	<b>Total Household Expenses and Debt Payments</b>	<b>\$ [REDACTED]</b>	<b>Total Assets</b>	<b>\$ [REDACTED]</b>
Any other liens (mortgage liens, mechanics liens, tax liens, etc.)					
Lien Holder's Name	Balance and Interest Rate	Loan Number	Lien Holder's Phone Number		
Required Income Documentation					
<input type="checkbox"/> <b>Do you earn a salary or hourly wage?</b> For each borrower who is a salaried employee or paid by the hour, include paystub(s) reflecting the most recent 30 days' earnings and documentation reflecting year-to-date earnings, if not reported on the paystubs (e.g. signed letter or printout from employer).		<input checked="" type="checkbox"/> <b>Are you self-employed?</b> For each borrower who receives self-employed income, include a complete, signed individual federal income tax return and, as applicable, the business tax return; AND either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; OR copies of bank statements for the business account for the last two months evidencing continuation of business activity.			
<input type="checkbox"/> <b>Do you have any additional sources of income?</b> Provide for each borrower as applicable: <b>"Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime:</b> <input type="checkbox"/> Reliable third-party documentation describing the amount and nature of the income (e.g., paystub, employment contract or printouts documenting tip income). <b>Social Security, disability or death benefits, pension, public assistance, or adoption assistance:</b> <input type="checkbox"/> Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and <input type="checkbox"/> Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts. <b>Rental income:</b> <input type="checkbox"/> Copy of the most recent filed federal tax return with all schedules, including Schedule E—Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent you reported reduced by the monthly debt service on the property, if applicable; or <input type="checkbox"/> If rental income is not reported on Schedule E – Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent. <b>Investment income:</b> <input type="checkbox"/> Copies of the two most recent investment statements or bank statements supporting receipt of this income. <b>Alimony, child support, or separation maintenance payments as qualifying income:*</b> <input type="checkbox"/> Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and <input type="checkbox"/> Copies of your two most recent bank statements or other third-party documents showing receipt of payment.					
<b>*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.</b>					

SMITH – Referral for Foreclosure Mediation Notice, per RCW 61.24.163(3)

Documents for Mediation Follow Up as of July 17 2017

UNIFORM BORROWER ASSISTANCE FORM	
HARDSHIP AFFIDAVIT	
I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options. Date Hardship Began is: 2007	
I believe that my situation is: <input type="checkbox"/> Short-term (under 6 months) <input type="checkbox"/> Medium-term (6 – 12 months) <input checked="" type="checkbox"/> Long-term or Permanent Hardship (greater than 12 months)	
I am having difficulty making my monthly payment because of reason set forth below: <i>(Please check the primary reason and submit required documentation demonstrating your primary hardship)</i>	
If Your Hardship is:	Then the Required Hardship Documentation is:
<input type="checkbox"/> Unemployment	<input type="checkbox"/> No hardship documentation required
<input checked="" type="checkbox"/> Reduction in Income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<input checked="" type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court; OR <input type="checkbox"/> Separation agreement signed by the court; OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying Borrower or co-Borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death certificate; OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable); OR <input type="checkbox"/> Written statement or other documentation verifying disability or illness; OR <input type="checkbox"/> Doctor's certificate of illness or disability; OR <input type="checkbox"/> Medical bills None of the above shall require providing detailed medical information.
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or Employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer / Relocation	<b>For active duty service members:</b> Notice of Permanent Change of Station (PCS) or actual PCS orders. <b>For employment transfers/new employment:</b> <input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR <input type="checkbox"/> Pay stub from new employer; OR <input type="checkbox"/> If none of these apply, provide written explanation In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders).
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <input type="checkbox"/> Bankruptcy filing for the business; OR <input type="checkbox"/> Two months recent bank statements for the business account evidencing cessation of business activity; OR <input type="checkbox"/> Most recent signed and dated quarterly or year-to-date profit and loss statement
<input type="checkbox"/> Other: a hardship that is not covered above	<input type="checkbox"/> Written explanation describing the details of the hardship and relevant documentation




SMITH – Referral for Foreclosure Mediation Notice, per RCW 61.24.163(3)

Documents for Mediation Follow Up as of July 17 2017

**Borrower/Co-Borrower Acknowledgement and Agreement**

I certify, acknowledge, and agree to the following:

1. All of the information in this Borrower Assistance Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by the Servicer, owner or guarantor of my mortgage, their agent(s), or an authorized third party\*, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all Servicer, or authorized third party\*, communications.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. The Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
  - a. All the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
  - b. My first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by the Servicer.
  - c. The Servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
  - d. Payments due under a trial period plan for a modification will contain escrow amounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
7. A condemnation notice has not been issued for the property.
8. The Servicer or authorized third party\* will obtain a current credit report on all borrowers obligated on the Note.
9. The Servicer or authorized third party\* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. This personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my social security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity. I understand and consent to the Servicer or authorized third party\*, as well as any investor or guarantor (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
  - a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and
  - b. The U.S. Department of Treasury, Fannie Mae and Freddie Mac, in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.
10. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the Lender/Servicer/ or authorized third party\*. By checking this box, I also consent to being contacted by ☐ text messaging.

	06/30/2017		
Borrower Signature	Date	Co-Borrower Signature	Date

\*An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

SMITH – Referral for Foreclosure Mediation Notice, per RCW 61.24.163(3)

Documents for Mediation Follow Up as of July 17 2017

## HELP FOR AMERICA'S HOMEOWNERS



### ***Dodd-Frank Certification***




The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

▶ 			06/30/2017
Borrower Signature	Social Security Number	Date of Birth	Date
▶ _____	_____	_____	_____
Co-Borrower Signature	Social Security Number	Date of Birth	Date

**KSMITH002985**